Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000122247 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 : (718)362-4789 : (718)408-2550 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email@israeldana.com Email Address:

FLORIDA LIMITED LIABILITY CO. 6800 Raleigh Holdings LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H220001222473)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

6800 Raleigh Holdings LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
777 Kent Ave #225	777 Kent Ave #225
Brooklyn, NY 11205	Brooklyn, NY 11205

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

eceptable)
33065
Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

/s/ Levi Vogel

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

From: 17184082550 To: 18506176381

(((H22000122247 3)))

		Name and Address:	
"AMBR" = Aud			
"MGR" = Mana			
AMBR		Israel Ary Dana	
		2 Getzil Berger 301	
		Monroe, NY 10950	
			
	· · · · · · ·		~2
			2022 APR
		<u> </u>	2
			ಸ
		<u> </u>	<u> </u>
(Use attachment	t if necessary)	्रे भी इ.स.	
		i i	
LEV: Effective of	late, if other than the date of filing	g; (OPTIONALE)	5. 58 18 18 14
effective date is list e of filing.) If the date inserted	d in this block does not meet the	e applicable statutory filing requirements, this date will no	o q∰ es
Hective date is list e of filing.) If the date inserted cument's effective	d in this block does not meet the date on the Department of State	e applicable statutory filing requirements, this date will no	o q∰ es
e of filing.) If the date inserted cument's effective CLE VI: Other pro-	d in this block does not meet the date on the Department of State visions, if any.	e applicable statutory filing requirements, this date will no	o q∰ es
rective date is list e of filing.) If the date inserted tument's effective of the property of	d in this block does not meet the date on the Department of State visions, if any. IGNATURE: /s/ Israel Ary Dana	e applicable statutory filing requirements, this date will no	o q∰ es
rective date is list e of filing.) If the date inserted tument's effective of the property of	d in this block does not meet the date on the Department of State visions, if any. IGNATURE: /s/ Israel Ary Dana Signature of a member of This document is executed in a I am aware that any false inform	e applicable statutory filing requirements, this date will no	ငှာ့ d မျှေ
rective date is list e of filing.) If the date inserted tument's effective of the property of	d in this block does not meet the date on the Department of State visions, if any. IGNATURE: Is/s/ Israel Ary Dana Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony.	or an authorized representative of a member. Secondance with section 605.0203 (1) (b), Florida Statutes nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.	ငှာ့ d မျှေ
e of filing.) If the date inserted cument's effective CLE VI: Other pro-	d in this block does not meet the date on the Department of State visions, if any. IGNATURE: Is/s/ Israel Ary Dana Signature of a member of This document is executed in a I am aware that any false inform constitutes a third degree felony.	e applicable statutory filing requirements, this date will not be records. or an authorized representative of a member. Accordance with section 605.0203 (1) (b), Florida Statutes that in a document to the Department of Statutes	ငှာ့ d မျှေ

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)